U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

	PATEN	IT APPLICA	ATION F	EE DETER	MINATION	a collection of infor		Application // DC	on or Docket Num 017013	mber 
CLAIMS AS FILED – PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
		<del>`</del>		NUMBER		RATE	FEE		RATE	FEE
FOR BASIC FEE		NUMBER	NUMBER FILED NUMBER		CEXTIVA	1000	s	OR		s
(37 CI	FR 1.16(a)) (	4							x \$=	
(37 C	L CLAIMS FR 1.16(c))		minus 20 = *			X \$=		OR		
	PENDENT CLAIMS FR 1.16(b))		minus 3 = •			x \$=		ÓR	× \$=	
MULI	TIPLE DEPENDENT	CLAIM PRESENT	r (37	CFR 1.16(d))		+\$=		OR	+\$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
		IMS AS AME						OR		R THAN
	•	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	1	SMALL	ENTITY
ΑŢ		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	-(jā)	RATE	ADDI- TIONAL FEE
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2	(37 CFR 1.16(c)) Independent	· H	Minus	···· 4	=	x \$=		OR	x \$=	
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			- DEDENIOE	NT CLAIM 137 CE	R 1 16(d)	+ < =	1/	, On		1
Δ.	FIRST PRESENTA	TION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	R 1.16(d))	+ \$= TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
∢	FIRST PRESENTA		DEPENDE	NT CLAIM (37 CF	(Column 3)	TOTAL		1	TOTAL	
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"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

"The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

amolt filed 6-2804